

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

07/85503

FILING DATE

5-1-92

APPLICANT(S)

Reeve, Michael, Alan

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2		2		
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3		1		
11		3				
12		3				
13			1			
14				1		
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TOTAL IND.	21		5			
TOTAL DEP.	18	3	9			
TOTAL CLAIMS	14		14			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						